

MDR Tracking Number: M5-04-0584-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 05-15-02.

On 2-25-04, \_\_\_\_, the \_\_\_\_ representative, responded to the Medical Dispute Resolution filed by the requestor. EOBs were submitted indicating dates of service 6/26/01, 6/27/01, 6/29/01, 7/2/01, 7/3/01, 7/5/01, 7/9/01, 7/10/01, 7/12/01 for skin testing (95015), (95027), and evaluation (94070), (99213) were reimbursed by the carrier on 1/14/03. Services were reimbursed per the Medical Fee Guideline, and on this basis will not be considered in this review.

The Medical Review Division has reviewed the enclosed IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

The IRO reviewed laboratory tests for assay serum potassium, assay cadmium, assay copper, assay of manganese, assay mercury, stool culture for bacteria, evaluation of wheezing, allergy skin tests, sensitivity test, assay triiodothyronine, assay thyroid stimulation hormone, thyroglobulin antibody, IV infusion therapy, IV infusion (additional hour), antigen therapy services, office visit, skin end point titration, gas and liquid chromatography, assay for volatiles, cell marker study, antinuclear antibody, hemogram, heavy metal screen, assay for procainamide, quantitative screen for metals including arsenic, chromium, iron, lead, magnesium, selenium, and assay for zinc rendered from 5/31/01 through 07/6/01 that were denied based upon "U".

The assays for procainamide, quantitative screen for metals, assay of arsenic, assay chromium, assay iron, magnesium, assay selenium, assay serum potassium, assay cadmium, assay copper, assay of manganese, assay mercury, assay zinc, stool culture for bacteria, evaluation of wheezing, sensitivity skin tests, IV infusion therapy, IV infusion (additional hour), antigen therapy services, and skin end point titration **were not** found to be medically necessary.

The office visit, gas and liquid chromatography, assay for volatiles, cell marker studies, antinuclear antibodies, automated hemogram, heavy metal screen, assay for triiodothyronine, assay for thyroid stimulation hormone, and tests for thyroglobulin antibodies **were found** to be medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that **were not** addressed by the IRO and was therefore reviewed by the Medical Review Division in accordance with the Medical Fee Guideline.

Neither party submitted an EOB for date of service 6/18/01 (CPT code 95015) for 13 units.

On 1/12/04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service for CPT code 95015 (sensitivity skin test) on date of service 6/18/01. Reimbursement is recommended in the amount of \$10.00 X 13 units = \$130.00 in accordance with the Medical Fee Guideline.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 5/31/01 through 7/6/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 19<sup>th</sup> day of April 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

December 30, 2003  
Amended January 9, 2004

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified in Internal Medicine and Pulmonary Disease. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_, who at the time of her injury while working for \_\_\_ was 61 years of age, having at that time worked for \_\_\_ for approximately twenty years. In the process of her job she was working at passenger Gate B3 on \_\_\_. She had noted, while in the process of working at this passenger gate, that there was a strong chemical odor.

Her job at that time was that of helping assist in boarding passengers and she was specifically at that time working at Gate B3. She was in that area for approximately 1.5 to 2 hours and while working there continued to note an exceptionally strong odor and subsequently was moved to another gate because of the closing of Gate B3. It should be noted that at Gate B3 two days previously on \_\_\_ there had been an explosion of chemical components that consisted of various epoxy adhesives. These components included 4-Glycidyloxy-N, N-Diglycidyl-aniline, Aluminum, Bisphenol epoxy resins, Epoxy Novolac, Silica, Epichlorohydrin Phenol-Formaldehyde Novolac resin with known hazardous decomposition products including aldehydes, acids and other organic products. These materials had exploded approximately \_\_\_ earlier. The gate had been closed and there was a residual odor at the time \_\_\_ began working there on \_\_\_.

Because of the persistent odor, that gate was completely closed and the patient was removed to another work area. Several hours later, however, the patient began developing several symptoms, including a significant headache, sweating, and nausea. She subsequently developed other symptoms consistent with mucous membrane irritation as well as respiratory symptomatology.

During the course of subsequent rather extensive evaluations, this patient was found to have somewhat abnormal pulmonary function test with evidence of small airways disease and a restrictive ventilatory defect. A CT scan of the chest demonstrated Situs Inversus with old granulomatous disease, but no definite active infiltrates. An initial hemogram did reveal an elevated white blood count of 17,000. She also underwent subsequent testing for possible allergic phenomenon induced by the epoxy resins in a sensitizing type reaction, however, those were negative. The patient is, however, allergic to mountain cedar and also to cat dander. She also is allergic to penicillin. This patient's respiratory symptomatology and neurologic symptomatology, including headache and cognitive dysfunction persisted and lasted for an extended period of time after this exposure and she has received medical care from various physicians, including \_\_\_ who ordered a constellation of studies and tests to further evaluate this patient.

\_\_\_ was exposed to various epoxy resins with various potential decomposition products including aldehydes, nitrous compounds and acids. Also, the material potentially exposed included aluminum powder. A review of the MSDS sheets failed to disclose evidence of other potential heavy metals that may have been involved in the exposure.

#### DISPUTED SERVICES

Under dispute is the medical necessity of the various tests performed from the time period of 5/31/01 until 7/12/01. These tests include assay serum potassium, assay cadmium, assay copper, assay of manganese, assay mercury, stool culture for bacteria, evaluation of wheezing, allergy skin tests, sensitivity test, assay triiodothyronine, assay thyroid stim hormone, thyroglobulin antibody, IV infusion therapy, IV infusion, additional hour, antigen therapy services, skin end point titration, gas and liquid chromatography, assay for volatiles, cell marker study, antinuclear antibody, hemogram, heavy metal screen, assay for procainamide, quantitative screen for metals including arsenic, chromium, iron, lead, magnesium, selenium and assay for zinc. Also is an office/outpatient visit.

#### DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer found medical necessity for the office/outpatient visit, gas/liquid chromatography and assays for volatile agents, cell marker studies and antinuclear antibodies, as well as an automated hemogram and a heavy metal screen if that screen included a screen for aluminum.

All other tests were not found to be medically necessary.

## BASIS FOR THE DECISION

Given that these tests were performed between 5/31/01 and 7/12/01, that means that there had been a time frame of at least \_\_\_ from the initial exposure. By that time, there should have been adequate time to review all the potential possible agents and metals that this patient might have been exposed to. This clearly did not include any metal other than aluminum. Additionally, an assay for procainamide would not have been related to this current exposure. Evaluation, however, by gas/liquid chromatography and assays for volatile agents, cell marker studies and antinuclear antibodies, as well as an automated hemogram were appropriate given the potential exposure and its resultant effect on cell immunity and cell reaction. Additionally, a heavy metal screen, if that included a screen for aluminum, was appropriate.

An individual assay, however, for heavy metals to which the patient was never exposed was not appropriate. Those would include chromium, arsenic, iron, lead, magnesium, selenium and zinc. There was no reasonable evidence for exposure to those heavy metals, and an individual analysis for them was unrelated to the current exposure.

In summary, an assay for procainamide or specific heavy metals was not appropriate to this exposure and at the time that these were tested for, there had been adequate time to evaluate materials to which the patient may have been exposed as a result of the incident.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,